



**Iowa Department of Public Health**  
*Promoting and protecting the health of Iowans*

# Fiscal Year 2002 Annual Report

## Iowa Communications Network Videoconferencing

*This report is prepared pursuant to Iowa Code, Chapter 8D.10*

Thomas J. Vilsack, Governor  
Sally J. Pederson, Lt. Governor

Jane Colavecchi, Interim Director

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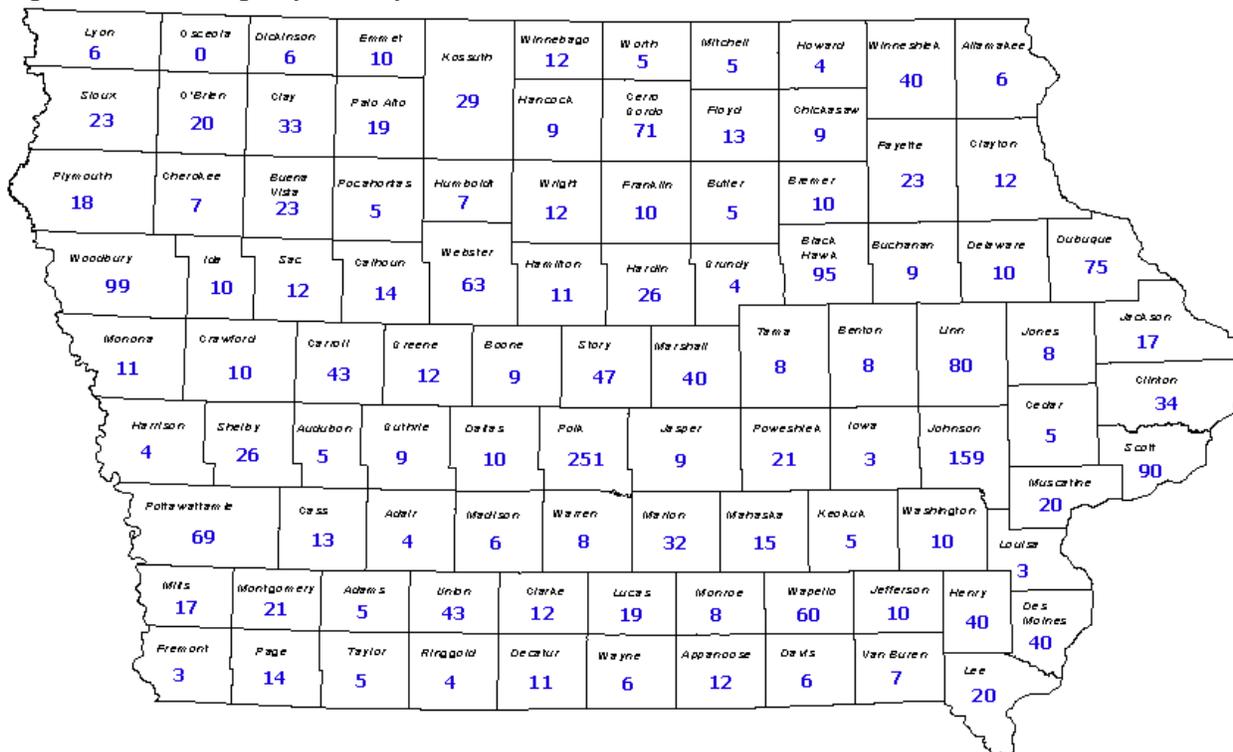
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Produced by: Melissa Winter & Dawn Gentsch  
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## A. System Summary

Figure 1. ICN Usage by County



The Iowa Department of Public Health (IDPH) uses videoconferencing via the Iowa Communications Network (ICN) as a vital connection to public health workers, other government departments, and the general public. It is perhaps the most convenient and accessible form of communication between IDPH and its partners.

Department staff conducted 210 sessions over the ICN in fiscal year 2002. The IDPH ICN, room located at the Lucas State Office Building, was used for approximately 396 total sessions (including utilization by external organizations). Figure 1 of this report shows the frequency of department staff's connection to each county via the ICN. The counties most frequently linked to include Polk (251), Johnson (159), Woodbury (99), Black Hawk (95), Scott (90), Linn (80), Pottawattamie (69), Webster (63), and Wapello (60). An interface with Iowa Hospitals for linkage to their hospital network occurred on 13 occasions.

## I. SFY 2002 Satellite Broadcast Highlights

The ICN system is a valuable resource to IDPH as well as the public. Not only does it quickly connect people in a time of need; it is also a great tool for educating the public health workforce and partnering with our constituents.

An example of using the ICN as such a tool occurred when IDPH downlinked a satellite broadcast titled *Principles of Public Health*. The purpose of the program was to increase the participant's knowledge and awareness of the basic principles of public health, and to clarify the vision of Healthy People 2010. The sponsors for this event included the Centers for Disease Control and Prevention, Public Health Training Network, Missouri Department of Health, and Saint Louis University – School of Public Health.

“Very well done and informative”

- *Principles Participant*

The *Principles of Public Health* presentation was a seven part series with each part focusing on a different principle such as the essential services and the political arena of public health. Participants, both external and internal to IDPH, registered to attend prior to the broadcast, and then received a certificate of completion if they attended each session. Of the participants that attended part or all of the series, 43 were IDPH employees and 33 were local public health practitioners.

“On a personal level, it motivated me to think about what actions I might take that will allow me to help influence the future of Public Health.”

- *Principles Participant*

The *Principles* program was well received by the participants. Due to the certificate incentive, attendance rates were high for the series. This is only one example of how the ICN system allowed for accessible and convenient connection with partners and the public for education/training purposes. Had these events not been downlinked by IDPH and transmitted to various sites across Iowa, local public health practitioners would have needed to downlink the satellite event themselves and incur the expense.

Along with the aforementioned satellite broadcast, several additional broadcasts were also downlinked. Approximately, 21 programs were downlinked and transmitted via the ICN system during SFY '02. Many of these programs were sponsored by the Centers for Disease Control and Prevention (CDC), and allowed for the health professionals in Iowa to be connected with public health experts from across the nation.

The accessibility of educational programs offered by other states and agencies via satellites by the public health professionals in Iowa is essential to maintaining a knowledgeable public health workforce and assisting with the overall success of IDPH. Satellite

broadcasts are also an economical means for quickly sharing education and information. IDPH is fortunate to have the ability to continue the sharing process by transmitting the broadcasts to remote sites across the state by using the ICN system.

## **II. SFY 2003 Points of Interest**

The ability to use the ICN for videoconferences to brief local public health staff and health care providers about issues such as West Nile virus, and most recently, smallpox has been especially valuable. Although these sessions were conducted during fiscal year 2003, their importance deserves to be highlighted.

On September 12, 2002, IDPH and the Center for Acute Disease Epidemiology (CADE) presented information via the ICN on the West Nile virus. This particular session had 289 remote sites and reached approximately 1200 participants. The purpose of this particular event was to inform the public health and medical communities of the impact of West Nile virus on the state and to use the ICN system as a means to address the epidemic. The ICN was a crucial asset in getting timely and appropriate information out to the public masses.

Recently, smallpox has become a concern in the health-care field on both the state and national levels. In order to prepare for the possibility of a re-emergence of this disease as a weapon of bioterrorism, IDPH conducted a session to inform and educate the medical and public health workforce of Iowa's plan for pre-event smallpox vaccination. This ICN event on 12/11/02 had a total of 75 sites and approximately 300 participants. Additional sessions addressing the progression of this plan will occur throughout the 2003 fiscal year.

## B. Benefits

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### **Ten Essential Services of Public Health**

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

*Source: Public Health Functions Steering Committee, Members (July 1995).*

The ICN is the most accessible avenue for updating IDPH's constituents on important health issues. Thus, local agency staff, board members, and the public from throughout Iowa are more likely to participate on task forces or committees if the meetings are held over the ICN. For the majority of Iowans, a two-hour meeting in a single location such as Des Moines requires almost a full day away from their regular work. Since this is not a feasible option for most people, opportunities to participate and help guide state policies and programs are forfeited.

The ICN has proven to be useful in other areas as well. Using the ICN for public hearings on proposed rules or grants has made them more convenient to interested parties throughout Iowa. In many cases, use of the ICN made it possible to hold training sessions that would probably not have occurred without the ICN. Additionally, participation in other training sessions was substantially increased because the sessions were offered locally to the majority of the participants over the ICN rather than only at a single distant site.

Utilization has impacted the IDPH's ability to meet the three core functions of public health: assessment, policy development, and assurance. Furthermore, the ICN is largely responsible for IDPH's capacity to address the ten essential services of public health. The public hearings, meetings of state boards, committees and advisory councils help shape public health's ability to develop policies, and mobilize community partnerships, as well as inform, educate, and empower people about health issues.

The Center for Acute Disease Epidemiology routinely uses the ICN as a tool to monitor health status, identify community health problems, and to diagnose and investigate health problems and hazards in the community. Training activities via the ICN help assure a competent public health and personal healthcare workforce. Technical assistance via the ICN to IDPH contract agencies helps assure that public health is linking people to needed personal health services and assures the provision of healthcare when otherwise unavailable.

## C. System Usage & Participant Feedback

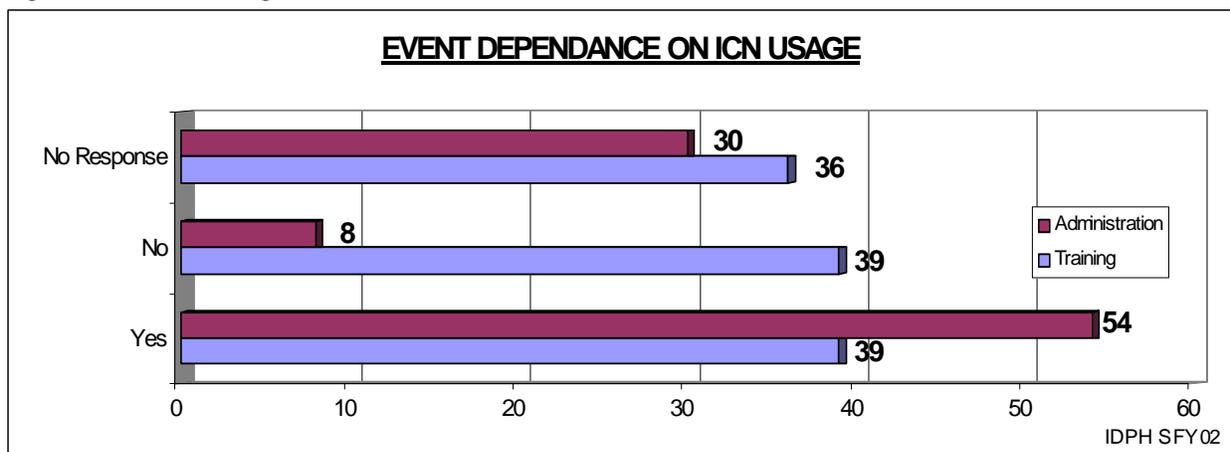
The use of ICN videoconferencing has become an integral component of IDPH's operations. In SFY '02 alone, 210 sessions were conducted totaling 30,566 minutes. An estimated 6,162 people attended at 2,285 sites. It is apparent that technology, such as the ICN system, has become an essential part of IDPH's infrastructure.

To ensure that every possible benefit from the ICN system is utilized, IDPH attempts to collect information during the year. This information is gathered via evaluations that are sent to the lead person who initiated the ICN event, as identified on the ICN reservation. Question categories include ICN event usage, alternate delivery options, participation rates, and repeat use of the ICN. The basic data derived from the evaluations completed and returned during SFY '02 are summarized below and presented in this fiscal report.

### I. ICN Event Usage

The question from the ICN evaluations regarding ICN event usage asks, "If the ICN had not been used, would this event have occurred?" As shown in figure 2, ninety-three respondents indicated their event was dependent upon being able to use the ICN as a delivery mode.

Figure 2. Event Usage Results



It is suspected that of those indicating that the event was not dependent on the using the ICN as the delivery modality, other means of communication would be used at a greater expense to IDPH.

## II. Alternate Delivery Options

An additional question the ICN evaluation tool addressed was concerning alternate delivery options if the ICN was not available, but the meeting/training, etc. would still occur. As shown in the chart below, of the sessions that would still occur without the ICN the alternate desired methods of delivery were requiring the public to travel to Des Moines and conference calls between necessary parties. Such methods of delivery often require more time and money for proper dissemination of information than if the ICN had been used.

Figure 3. Alternate Delivery Option Results

<b>Alternate Delivery Options</b>			
	<i>Training</i>	<i>Administration</i>	<i>Total</i>
Public Traveling to Des Moines	13	12	25
Conference Call	4	18	22
State Staff Traveling to a Local Site	9	7	16
Local Agency Staff/Board Traveling to Des Moines	9	6	15
Board, Commission, or Committee Traveling to Des Moines	2	5	7
State Field Staff Traveling to Des Moines	1	5	6
Satellite Transmission	0	0	0
No Response	32	26	58
<b>Total</b>	<b>70</b>	<b>79</b>	<b>149</b>

### III. Participation Rates

The ICN system in Iowa greatly improves the participation rates of trainings and meetings as opposed to other information delivery modalities. The charts below indicate that nearly 44% of respondents said that using the ICN for their event did indeed improve attendance/participation rates. The data also indicates that the rates of participation increased more when the ICN was used for training purposes than when the ICN was used for administration purposes. The large percentage of “No Response” is suspected to correlate to the fact that IDPH staff routinely chooses the ICN over other delivery modalities out of convenience.

As shown in **figure 4**, of the respondents for training events, 46% said that participation rates increased when the ICN was used.

As shown in **figure 5**, of the respondents from events that were for administration purposes, 40% said that participation was increased

For training and participation events combined, only 18% indicated the ICN did not change participation rates and no one indicated a decrease resulted.

Figure 4. Effect on Participation on Rates (training)

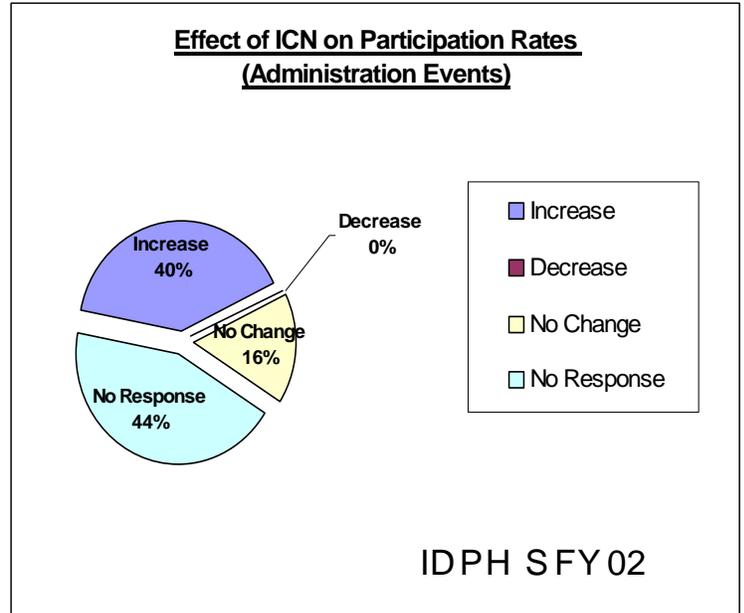
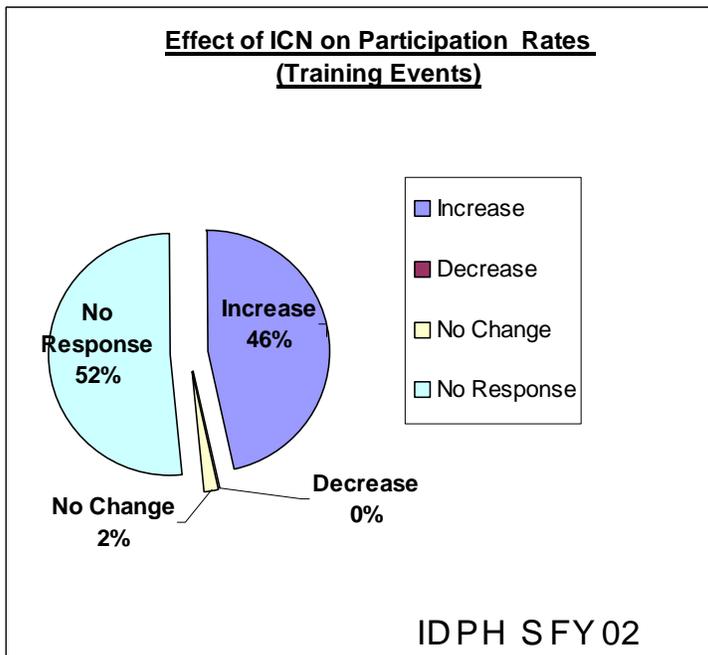


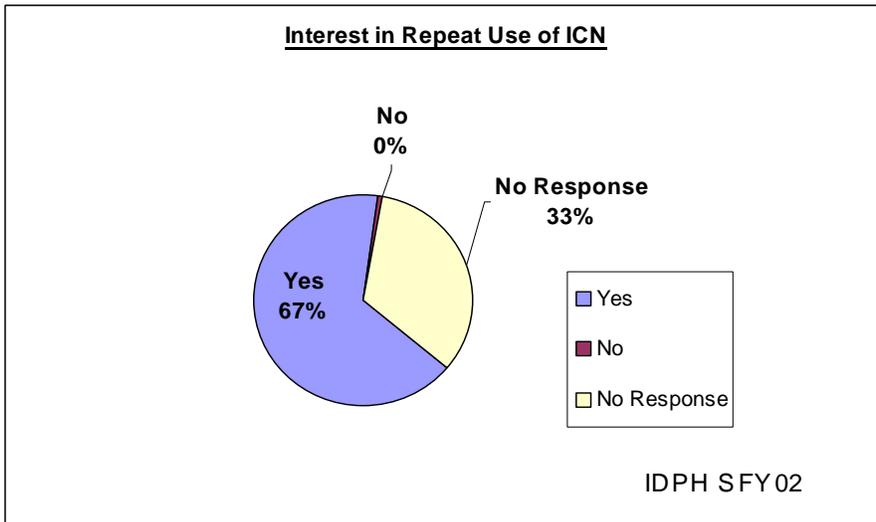
Figure 5. Effect on Participation Rates (administration)

#### IV. Repeat Use of ICN

The ICN evaluation tool also surveyed individuals about their interest in using the ICN again to accomplish the same purpose. As shown in figure 6, the majority of respondents (67%) indicated they would indeed be interested in using the ICN again for a similar purpose.

This figure reinforces that the ICN is a viable method of training and communication. Of the respondents for this evaluation question, **0%** indicated that they would not use the ICN again.

Figure 6. Repeat Use for Similar Purpose



## **D. System Usage by Select IDPH Divisions or Programs**

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Every division, center, and office within IDPH has used the ICN system for various purposes throughout fiscal year 2002. The ICN is a useful and manageable means to conduct business with partners, grantees, and constituents throughout the state. Select program usage is highlighted in this section.

### **I. Division of Tobacco Use and Prevention**

The Division of Tobacco Use Prevention and Control often uses the ICN system as a means of communication with the youth that are involved with the Just Eliminate Lies (JEL) campaign. The ICN is a flexible and convenient method for connecting with many students across the state at one time, as all high schools have an ICN site.

### **II. Division of Community Health**

The Division of Community Health dominates the usage of the ICN system. Many programs and bureaus within this division use the ICN system to provide technical assistance to their particular grantees and partners. In addition, several sessions occurred throughout the year involving the Covering Kids Coalition, which is part of the Hawk-I Covering Kids program. This program is under the Family Health Bureau, and it ensures that children in Iowa have proper insurance coverage. Without the ability for this coalition to connect in an efficient and cost-effective manner, many children in Iowa may be underinsured or have no insurance at all. The Immunization program uses the ICN annually to help update practitioners across the state regarding updates on the plan for immunizing children.

### **II. Division of Health Promotion, Prevention, and Addictive Behaviors**

Several programs within the Division of Health Promotion, Prevention and Addictive Behaviors take advantage of the benefits of using the ICN. The WISEWOMAN and Diabetes programs both held several meetings over the ICN during fiscal year 2002. The Gambling Treatment Program Advisory Committee also conducts its meetings via the ICN system.

#### **IV. Division of Environmental Health and Health Protection**

The Lead Program, which is part of the Division of Environmental Health and Health Protection, depends upon the ICN to facilitate many of its trainings for its constituents across Iowa. In SFY '02, the Lead Program conducted 12 ICN sessions; 11 of these sessions were training focused with an average of 11 sites per session reaching approximately 200 participants. Without the ICN system, it would be nearly impossible to conduct face-to-face training with the same number of participants as the Lead Program did while using the ICN.

#### **V. Division of Administration**

During SFY '02, approximately 22 ICN sessions were bioterrorism/disaster preparedness related which falls under the Division of Administration. Many of the sessions were sponsored by the Centers for Disease Control and Prevention (CDC), through the Public Health Training Network, or training related. IDPH is ahead of many states in terms of our ability to connect and communicate with appropriate partners and with the public during a time of crisis or emergency. The utilization of the ICN system is an integral component in the state's emergency response plan. The plan designates the IDPH ICN room as the Operations Command Center if it should ever be activated. The details of these 22 bioterrorism/disaster preparedness events are illustrated in Appendix II.

The training and education unit of IDPH downlinked 21 satellite broadcasts in SFY '01 as previously noted. These 21 events were recorded and are now available for continual use via a loan system. This level of access to current public health issues helps assure that IDPH personnel and others in the public health workforce have access to current information for continued professional growth and development. This easy access to training and information helps decrease the need for frequent out-of-state trips to meet with the Centers for Disease Control and Prevention, Maternal and Child Health Bureau or other federal or national funding sources.

## E. Cost Savings

Of the 210 events, 48 ICN evaluation respondents indicated that their scheduled event would not have occurred if the ICN were not available. For these 48 events, a total of \$16,702.54 was incurred by IDPH for ICN line and room charges covering 719 sites across the state and reaching over 2737 people. Had these 48 events occurred physically at locations across the state, 261 in-person visits are estimated to reach the same number of people. If these 261 in-person visits had occurred, IDPH would have had additional staff salary, travel and meal costs. The savings to IDPH are estimated to be \$271,778.64. When the state subsidy for ICN line charges is included, the state and IDPH still obtains estimated savings of \$197,051.03. Details of these 48 sessions are shown in Appendix III.

For Board or Advisory meetings, 26 ICN events occurred. The savings for these events are estimated to be \$31,444.10.

### I. Savings when compared with other Delivery Modes

For ICN events where the questionnaire indicated that a conference call would replace the ICN, the estimated savings are \$23,246.53 if in-person visits occurred vs. conference calls. Conference calls for these 19 events are estimated to cost \$50,076.50 if each participant connected to a conference call.

Figure 7. Cost/Savings Analysis

Cost/Savings Analysis of Select IDPH ICN Events									
No. of Events	No. of Hrs	No. of ICN sites	No. of People	Est. No. of state employees traveling	Est. No. of in-person visits	ICN line and room charges	Hourly salary + travel + meal avg. for employee	Savings (cost) to IDPH (multiplied by the # of in-person visits)	Savings with state subsidy subtracted
<b>Events that would not occur if ICN unavailable</b>									
48	113	719	2737	131	261	\$16,702.54	\$14,884.22	\$271,778.64	\$197,051.03
<b>Board/Advisory Committee ICN Events</b>									
26	56.75	179	299	47	75	\$4,914.30	\$5,340.14	\$31,444.10	\$15,720.39
<b>Events where conference call would be used</b>									
19	49.25	96	366	26	42	\$3,113.31	\$2,954.12	\$23,246.53	\$7,276.90

## II. Cost Analysis by Quarter

Figure 8. Class Session Total and Cost

IDPH ICN Class Session Total # and Cost by Quarter								
Class Session Type	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	\$	#	\$	#	\$	#	\$	#
Administration	\$20,345.92	22	\$ 54,668.32	30	\$ 22,262.86	25	\$ 7,475.93	18
Training	\$38,657.67	27	\$ 56,514.76	21	\$ 44,136.34	30	\$56,066.67	36
Subtotal	\$58,996.58		\$ 111,616.60		\$ 66,399.20		\$63,542.60	
Less State Subsidy	\$48,869.43		\$ 90,615.43		\$ 55,070.56		\$54,223.80	
<b>Total Cost</b>	<b>\$10,127.16</b>	<b>49</b>	<b>\$ 21,001.17</b>	<b>51</b>	<b>\$ 11,328.64</b>	<b>56</b>	<b>\$ 9,319.52</b>	<b>54</b>

Actual expenses are not calculated for staff salary in regards to the time it takes to facilitate an ICN event. The ICN line and room charges are broken out by fiscal quarter in Figure 8. This table illustrates that a fairly consistent number of events occur each quarter. The increased cost for the second and third quarters is reflective of the increased number of ICN sites included in the reservations during this six-month period.

### III. Billing Analysis

A further review of the expenses incurred by IDPH illustrates that funds used to pay for ICN events primarily come from federal, outside or other sources. State funds covered only 2.9 percent of the total ICN expenses. Figure 9 further illustrates the overall billing summary for SFY 2002.

Two-thirds of IDPH's budget is from federal or other outside sources. This is also the case for ICN event budgets. In fact, 183 of the 210 events were paid for by federal, outside or other funds. This was true for both administrative and training event use.

Only 22 events were paid for by state funds. The actual ICN line or room charge expense incurred by IDPH for these 22 events is \$1,835.34. Overall, figure 9 shows the summary of the costs incurred by IDPH to hold these administrative and training events via ICN. This billing summary does not factor in the cost of salary for those state employees involved in the sessions.

Figure 9. Billing Summary

<b>IDPH ICN Billing Summary SFY 2002</b>				
<b>ICN Events Paid With:</b>	<b>Number of Sessions</b>	<b>ICN Cost</b>	<b>Room Charge Billed to IDPH</b>	<b>Actual Expense</b>
<b>Federal Funds</b>	121	\$ 31,372.35	\$ 6,937.37	\$ 38,309.72
<b>State Funds</b>	22	1,648.84	186.50	1,835.34
<b>Combination (State/Other)</b>	5	934.21	360.00	1,294.21
<b>Reimbursed by outside Source</b>	29	4,794.96	1,336.01	6,130.97
<b>Other</b>	33	12,709.68	2,293.25	15,002.93
<b>Total</b>	<b>210</b>	<b>\$ 51,460.04</b>	<b>\$ 11,113.13</b>	<b>\$ 62,573.17</b>

## F. APPENDICES

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### I. Assumptions and Formulas

Assumptions used in preparing the Iowa Department of Public Health report of use of the Iowa Communications Network for videoconferencing in SFY 2002.

All Tables:

- Date – date of session
- Hours – length of session in hours
- Sites – number of sites connected during the session
- Participants –total number of participants at all sites as estimated by lead staff person
- ICN Cost – annual ICN system charges billed to department
- Room Cost – actual room charges billed to the department plus dialable wideband charges when connected to a compressed video site

**Travel Cost:** Calculated for state or board or committee members who are reimbursed for travel using the most direct route and \$0.29 per mile and an average daily meal cost of \$17.50 per day (average of day with one, two, or three meals). No overnight lodging is included.

Number of ICN Sites	Replaced with number of in-person sites
3-7	2
8-12	4
12-20	6
21-24	8
25-32	10
33-40	10
41-50	14
51-100	20
100-150	30
150-200	40
201+	50+

**Productivity Cost:** (number of state employees traveling) \* (hourly salary at the top of the Program Planner 3 range) \* (one way distance/120 miles) \* 2 (represent both ways) \* (number of in-person events)

**Travel Cost Conversion table:** The productivity and travel cost were based on the table to the left with sites evenly spaced across the state.

**Conference Call Cost:** The Iowa Communications Network provides conference call services. The current rate for individuals to dial in to a pre-arranged conference call is .05/minute. (number of people participating in call or ICN event) \* \$.05/minute \* (number of event minutes)

## II. Bioterrorism/Disaster Preparedness ICN Events

The table below is discussed on page 12 of this report.

Bioterrorism/Disaster Preparedness ICN Events										
Title	Reservation Number	Date	Minutes	ICN Charge	Room Charges Billed to IDPH	State Subsidy	Session Type	# of Sites	# of People	Funding Source
West Nile Virus Response Session	224696	7/11/01	60	134.00	100.00	415.70	Admin.	10	100	federal
Antibiotic Resistance Task Force Meeting	216653	7/31/01	120	53.60	-	166.28	Admin.	4		state
Antibiotic Resistance Meeting	216653	9/6/01	90	375.02	33.75	2,428.45	Training	34	200	federal
Bioterrorism Training for Local Health Agencies and Providers	244834	10/1/01	60	1,051.05	375.00	6,809.66	Training	143		federal
Satellite Downlink-Anthrax	252314	10/18/01	90	22.06	-	142.85	Training	2		federal
Physician Identification of Possible Biological Induced Illness	251393	10/19/01	240	7,664.80	1,332.00	20,119.88	Admin.	150	600	federal
Local Public Health Session on Possible Biological Induced Illness	251393	10/24/01	60	1,487.40	425.00	4,614.20	Admin.	111		federal
BIO/CHEM Terrorism Presentations	250533	10/30/01	60	213.15	12.50	1,380.98	Training	29		federal
BROADCAST of Bio/Chem	250913	10/30/01	60	624.75	225.00	4,047.70	Training	85		federal
Public Health Preparedness Grand Rounds	268620	2/7/02	60	191.10	50.00	1,238.12	Training	26	70	federal
Public Health Preparedness Grand Rounds	268620	2/21/02	60	183.75	50.00	1,190.50	Training	25	70	federal
Satellite TTBB Broadcast Albany	287773	3/21/02	60	14.70	-	95.24	Training	2		federal
Public Health Preparedness Grand Rounds	268620	3/28/02	60	183.75	62.50	1,190.50	Training	60		federal
Antibiotic Resistance Group Meeting	291193	4/1/02	60	26.80	-	83.14	Admin.	2		state
ABX R Taskforce Meeting	279453	4/2/02	120	134.00	-	415.70	Admin.	5		state
Public Health Preparedness Grand Rounds	268620	4/11/02	60	183.75	50.00	1,190.50	Training	25	70	federal
Public Health Preparedness Grand Rounds	268620	4/25/02	60	183.75	50.00	1,190.50	Training	25	13	federal
Public Health Preparedness Grand Rounds	268620	5/9/02	60	183.75	50.00	1,190.50	Training	25	23	federal
Antibiotics Project Committee Meeting	294853	5/16/02	165	60.63	-	392.87	Training	3		state
West Nile Virus Training	296035	5/16/02	120	1,499.40	450.00	9,714.48	Training	102	75	federal
Public Health Preparedness Grand Rounds	268620	5/23/02	60	191.10	32.10	1,238.12	Training	26	4	federal
Public Health Preparedness Grand Rounds	268620	6/6/02	60	183.75	62.50	1,190.50	Training	25		federal
<b>Total BT/ER/ID Event Data</b>			<b>1845</b>	<b>14,846.06</b>	<b>3,360.35</b>	<b>60,446.37</b>		<b>919</b>	<b>1025</b>	

### III. Event Dependence on Availability of ICN

The table below is discussed on pages 13 of this report.

Events that Would Not Occur if ICN Was Not Available									
Title	Date	Minutes	ICN Charge	Session Type	# of Sites	# of People	# of state employees traveling	# of in-person visits	expenses travel/meal & salary
Exercise and Disabilities Workshop	7/31/01	120	249.90	Trng	17	120	2	6	227.24
West Nile Virus Response Session	7/11/01	60	134.00	Admin.	10	100	4	4	454.48
Sat Down - Principles of Public Health	7/12/01	105	25.70	Trng	2	10	1	1	113.62
Sat Down - Principles of Public Health	7/26/01	105	25.75	Trng	2	17	1	1	113.62
Sat Down - Principles of Public Health	8/9/01	105	25.73	Trng	2	14	1	1	113.62
Evaluation Trng for Tobacco	8/14/01	120	382.20	Trng	26	90	3	10	340.86
Principles of Public Health - Rebroadcast	9/6/01	240	352.80	Trng	12	64	1	4	113.62
Antibiotic Resistance Meeting	9/6/01	90	375.02	Trng	34	200?	4	12	454.48
Elderly Nutrition Conference	9/19/01	180	396.90	Trng	18	85	2	6	227.24
Principles of Public Health - Rebroadcast	9/20/01	360	441.00	Trng	10	44	1	4	113.62
Principles of Public Health - Rebroadcast	9/27/01	240	235.70	Trng	8	35	1	4	113.62
Phys Identification Possible Bio Illness	10/19/01	240	7,664.80	Admin.	150	600	6	40	681.72
APHA Annual Meeting Satellite Downlink	10/23/01	240	58.80	Trng	2	13	1	1	113.62
Public Safety Trng	10/29/01	120	29.40	Trng	2	25	1	1	113.62
CCHC Trng	11/7/01	150	73.52	Trng	4	7	1	2	113.62
Healthy Child Care Iowa	11/14/01	150	55.14	Trng	3	20	2	2	227.24
Nineteenth Amendment Society	11/29/01	60	22.05	Trng	3	10	1	2	113.62
Consultation with Mid-Sioux Opp.	12/3/01	90	22.06	Trng	2	8	2	1	227.24
Universal Precautions Trng	12/5/01	120	134.00	Admin.	5	10	1	2	113.62
Confidentiality Trng	12/12/01	210	264.64	Trng	9	55	1	4	113.62
Methadone Providers Conference	12/17/01	120	107.20	Admin.	4	11	1	2	113.62
Sandy Crandell Report Trng	1/15/02	135	82.70	Trng	5	8	1	2	113.62
Sat. Down. Urban Sprawl	1/18/02	60	14.70	Trng	2	3	1	1	113.62
Lead Safe Work Practices Trng	2/5/02	300	441.00	Trng	12	250	3	6	340.86
Lead Safe Work Practices Trng	2/6/02	300	441.00	Trng	12	250	3	6	340.86
Public Health Preparedness Grand Rounds	2/7/02	60	191.10	Trng	26	70	6	10	681.72
Public Health Preparedness Grand Rounds	2/21/02	60	183.75	Trng	25	70	6	10	681.72
Lead Poisoning Prevention Trng	2/25/02	90	44.12	Trng	4	18	3	2	340.86
UMPHTC Advisory Committee Meeting	3/12/02	120	134.00	Admin.	5	31	4	2	454.48
SIDS Planning Meeting	3/26/02	90	140.70	Admin.	7	20	2	2	227.24
Satellite Env. And Breast Cancer	4/4/02	150	73.52	Trng	4	19	2	2	227.24
Public Health Preparedness Grand Rounds	4/11/02	60	183.75	Trng	25	70	6	10	681.72
Health Engineering with Mike M.	4/11/02	195	262.79	Trng	11	45	2	4	227.24
Satellite TTBB Broadcast Albany	4/18/02	60	14.70	Trng	2	0	1	1	113.62
INEN Public Health Nurses Workshop	4/23/02	150	514.64	Trng	28	280	6	10	681.72
Public Health Preparedness Grand Rounds	4/25/02	60	183.75	Trng	25	13	6	10	681.72
UMPHTC Iowa Advisory Meeting	4/30/02	120	107.20	Admin.	4	28	4	2	454.48
Public Health Preparedness Grand Rounds	5/9/02	60	183.75	Trng	25	23	6	10	681.72
West Nile Virus Trng	5/16/02	120	1,499.40	Trng	102	75	6	30	681.72
Public Health Preparedness Grand Rounds	5/23/02	60	191.10	Trng	26	4	6	10	681.72
Public Health Preparedness Grand Rounds	6/6/02	60	183.75	Trng	25		6	10	681.72
Satellite Minority Health Conference	6/17/02	210	51.46	Trng	2	17	2	2	227.24
Satellite Minority Health Conference	6/18/02	210	77.19	Trng	3	18	2	2	227.24
Satellite Minority Health Conference	6/19/02	210	77.19	Trng	3	19	2	2	227.24
Satellite Minority Health Conference	6/20/02	210	51.46	Trng	2	20	2	1	227.24
Satellite Minority Health Conference	6/21/02	210	51.46	Trng	2	21	2	1	227.24
Wise Woman CCC Presentation	6/27/02	135	60.30	Admin.	2	7	1	1	113.62
INAE Update	6/27/02	60	36.75	Trng	5	20	2	2	227.24
<b>Total</b>		<b>113</b>	<b>16,553.54</b>		<b>719</b>	<b>2737</b>	<b>131</b>	<b>261</b>	<b>14884.22</b>